

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health

Health Regulation
& Licensing Administration



**APPLICATION INSTRUCTIONS AND FORMS FOR A LICENSE TO OPERATE AN
ASSISTANT LIVING RESIDENCE IN THE DISTRICT OF COLUMBIA**

The information below consists of instructions for completing the application package. Please follow them carefully.

COMPLETING the LICENSING APPLICATION

Section A. Residence Name / Demographic

Enter the legal name (individual or corporation) of the residence exactly as it should appear on the license. Also, enter the name of the contact for the application process. All applicants or persons with oversight and/or day-to-day responsibilities must be at least 21 years of age.

Section A1. Addresses of the ALR

Enter the street and mailing addresses of the ALR, to include city, state, zip code, telephone number and e-mail address.

Section B. Type of Application

Identify the type of application by checking the appropriate brackets on the application.

Section C. License and Bed Fees

Please see General Requirements--D for Table on licensure and resident fees. If the correct amount of fee is not included with the application, the package will be returned to the applicant.

Section D. Increase/Decrease in Residents

Applicant completes this section **only if** there is a request for change in the number of residents to reside in the ALR.

Please note that if the entire location is not licensed as an ALR, the area identified as ALR must be indicated on the application form.

Section E. Application / Owner information

Enter information on business operations of the ALR. Provide all applicable data.

Section F. Administrator's Information

Provide information requested on the administrator or individual responsible for the ALR: name, education, work experience as a direct care provider. The administrator must be 21 years of age.

Section G. Names of Owners of at least 5%

Identify and enter all business information, as well as everyone who has 5% or greater interest in the corporation.

Section H. Surety Bond

Provide the appropriate documents **if** anyone in the ALR serves as representative payee or power of attorney or will be handling a trust fund for any resident.

Additional Application Forms*

Additional required forms to complete this licensure process include the following:

- A Certificate of Occupancy (seven or more beds)
- A completed, signed, dated and notarized Application
- Cleans Hands Act Certificate
- Verification of Insurance
- Program Statement
- Corporation Form(s), if applicable
- Original Certificate of Good Standing

***Please use the ALR Checklist that has been included as tool to assist you with the completion of the application package.**